

California's Health- In Print

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When we, about 3 years ago, became managing editor of California's Health, the State health department's monthly magazine, it seemed like a good time to make some changes in the publication, planned over a previous 18-month term as co-managing editor. For the preceding decades, California's Health had been a solid journal that accurately recorded what the State health department was doing, had done, or planned to do. By comparison with what other agencies across the nation, both official and voluntary, produced, it was good: entirely dependable and comfortably dull, as agency journals are supposed to be. We



East Los Angeles day clinic. California's Health helped to publicize a mass immunization program.



Photo for an article on noise pollution in California's Health.



Patient's father learns to handle renal dialysis equipment. The State's bureau of adult health and chronic diseases sponsors a renal dialysis program at San Francisco General Hospital.

had emigrated from commercial journalism, where attractiveness and readability of the printed product were keyed to raising funds or selling a product or a service to readers who couldn't care less—unless and until you grabbed their interest.

The California State Department of Public Health is fairly unique as such agencies go; it doesn't have administrative offices throughout its jurisdiction but relates instead to strong, autonomous county and city health departments, to which it provides technical services, program guidance, and some types of funding. It isn't a big department, considering California's geographic and population size; it has a payroll of less than 1,700 employees, about 500 of whom are professionals. Most of the staff work in, and out of, the eight-story headquarters building at Berkeley, across the street from the University of California School of Public Health. A few score are housed nearby in the department's four annexes and a laboratory. Some also work in 12 small branch offices and an administrative branch in Sacramento.

The department, in most respects, is once-removed from the population it serves, which poses an interesting question in communication for its magazine staff: who are we writing for, and at what level?

The answer isn't at all complicated. We write for any lay or professional person who has an interest and concern in the health of his neighbors, his community, and, increasingly, of the world.

California's Health is sent free to all State and local health staff members in California and to anyone else who requests it—classroom teachers, legislators, PTA leaders, physicians in private prac-



Tomato pickers in Fresno County. Farmworkers like these still get only sporadic health care.

tice, nurses, students, and housewives. The total circulation is about 15,000; reprints have reached as high as 100,000 for material on drug abuse. Nearly every subject we want to write about has a public health aspect or angle. The horizons are limitless, while the professional skills available to gather, write, and present the subject matter are all too limited.

The dream of doing your thing with an adequately budgeted magazine, not inflexibly controlled from the top, lurks in the minds of all who write for a living. While California's Health didn't completely fill the dream's particulars, it came close enough. Naturally, we had to move within the framework of department and State policy and through channels which sometimes seem to be mazes rather than instruments of conveyance leading upward and out. But such problems aren't unique to public, or nonprofit, service and they can be lived with; occasionally, even surmounted.

The staff accepted the assumption that our most numerous reader is a literate, intelligent, probably over-committed adult. He has a desk that's overloaded with stuff he is somewhat obligated to read and act upon or throw away. Perhaps a thousand editors are competing for 2 or 3 minutes of his attention with their printed products. If ours doesn't look interesting it probably isn't. Solid and factual perhaps. But if he has a choice between solid-factual and solid-interesting, he's going to lay the duller piece aside or dump it. Our reader is not a masochist. Television demonstrates the lengths to which its servants go in attempting to make dull subjects interesting scenery. So why can't health writers and editors make interesting subjects in-

teresting reading? Some of the step-by-step changes we made included these:

The size of California's Health was increased from 6 by 9 inches to the standard 8½ by 11 inches. (We had gotten tired of having our readers call it "your little pamphlet.")

We sought photographs from all possible sources and had a professional photo-journalist go out on some picture story assignments. This was unprecedented and, as some might think, expensive. But we quickly built up a file of excellent "people helping people" photos that we are still using in all publications we produce. In the long run, the reader-interest that good photos generate more than offsets the cost of being professional.

Editorially, we began to wander into areas the straitlaced might consider far afield: a complete issue was devoted to an indepth treatment of drug abuse; the relationship of the physician to the dying patient was recently explored; the real and potential role of women in the current health manpower shortage was discussed; the hippies of 1830 in Paris (there's nothing new under the sun) were written up; the surfacing plight of California's Chinatown residents was exposed; the Golden Gate Bridge suicide rate—the highest in the world—was reported on; a dissertation on rural and ghetto housing as factors in environmental health was written for us by a faculty member of the University of California-Los Angeles; and we coaxed a University of California-Berkeley graduate student to do his M.B.A. dissertation on the economics of the nursing home industry for us first.

We manage to "hang loose" editorially, and hope that we are controversial enough to shake up some

of our readers each issue. We have very little top management direction or operational supervision. The broad guidelines laid down by Louis F. Saylor, M.D., department director, and Hamlet C. Pulley, M.D., assistant director, allow latitude in all the fields in which we, as concerned citizens as much as health staff, want to move and work.

For example, we see health publications from other States with even heavier minority populations than California, yet from cover to cover the reader would never know that they existed. The rural and migrant agricultural poor, the citizen in the ghetto, the hippie: their pictures and problems seldom appear in many official or "charitable" agency publications. In others, drug abuse is still being treated more as a police matter than a public health problem.

Consider drug abuse: San Francisco's Haight Ashbury is the pilot plant for every new drug that eventually spreads across the nation. Two years ago we decided to print an article or two on dangerous drugs. It almost immediately developed into an exciting major project. A small, informal group of department people, David Smith, M.D., director of the Haight Ashbury Free Clinic and assistant clinical professor of toxicology at the University

of California-San Francisco, and Fred Meyers, M.D., professor in the UC-SF pharmacology department, helped with the material needed for a special drug abuse issue of California's Health. It now has gone into six printings, with a total of 100,000 copies. All of them were snapped up by classroom teachers, enforcement people, legislators, and local health agency staffs.

That project led to our investigation of "educational" 16-mm films on drug use. The National Institute of Mental Health learned of our film-evaluation project and supplied a grant for a freelance writer who screened and reviewed every drug film we could borrow—more than 80. The group then held a "drug film festival," co-sponsored by the Stanford University School of Medicine. It attracted 500 teachers, PTA leaders, enforcement people, medical students, and physicians.

So a special issue was produced that reviewed and rated drug films. This issue is still in demand, and quantities are sent to all corners of the State every month. Another, thicker reprint on dangerous drugs is now off the press, with an initial 20,000 press run. It updates all the original papers, to which were added some new drug articles from recent issues of California's Health.



Dr. David E. Smith wrote about drug abuse and the Haight Ashbury medical clinic in California's Health.



Clients at an evening clinic in La Puente, a Los Angeles suburb where many Chicanos live.



Cover photo for the 1966-1968 Biennial Report of the State health department. Occupational therapist works with a patient at Rancho Los Amigos, a Los Angeles County hospital.

This kind of health journalism is exciting to work in and rewarding to produce. One of the most gratifying testimonials is that our own employees are now reading their department's magazine!

(We recently proposed to the American Public Health Association that it sponsor a workshop for agency writers and editors at one of its annual meetings. The suggestion was taken under advisement. We hope it will be seriously considered.)

Why isn't an agency publication as interesting as agency people usually are when one meets them? Why, for example, is a mail order catalog or a marine heavy-equipment magazine more attractively designed and easier reading than, say, the monthly journal of the Euphoria State Department of Public Health?

Perhaps it is because the writer-editor is not yet regarded as a professional—a fully credentialed member (instead of an "ad hoc helper") on his agency team. This may be rooted in an administrative attitude that consumer-oriented publications really are not important. Or maybe the editor has been co-opted into the assignment as extra duty. If so, he (or more likely she) is a health educator who does his best in carving up staff reports to fit the procrustean limitations of an under-budgeted periodical that is a chore to produce, a bore to read, and a waste of the money scooged into it.

Of course, experience as a professional editor can

also mean little, as it might with people in other disciplines. We all know professionals who died on the vine 20 years ago but refuse to drop off. It's possible, too, that a highly qualified technical writer may not be a good editor. Neither would most neurosurgeons be skilled obstetricians.

Associate editor Anitra Hurley, Shirley Buford, an apprentice in our careers opportunities development program, and I put out a 12- to 16-page magazine 12 times a year, plus an annual report of about 48 pages, for which we have been able in the past to hire temporary freelance writing help. We also are responsible for the final editing and production of 20 to 40 or more other, usually one-time, publications.

We carry cameras and take simple "mug shots" of our subjects on interviews and do our best with more ambitious pictures when we can't afford the services of a professional photo-journalist. The department has two graphic artists who help with some illustrations, layouts, and refinements of designs we think up. We are limited to one color, usually black ink, which satisfies most professional journalists anyway. A flossy publication isn't necessarily interesting.

We are probably overworked, and certainly underpaid by commercial standards, as is almost everyone else in public health. But we are doing our thing! We'll settle for that, for the time being.